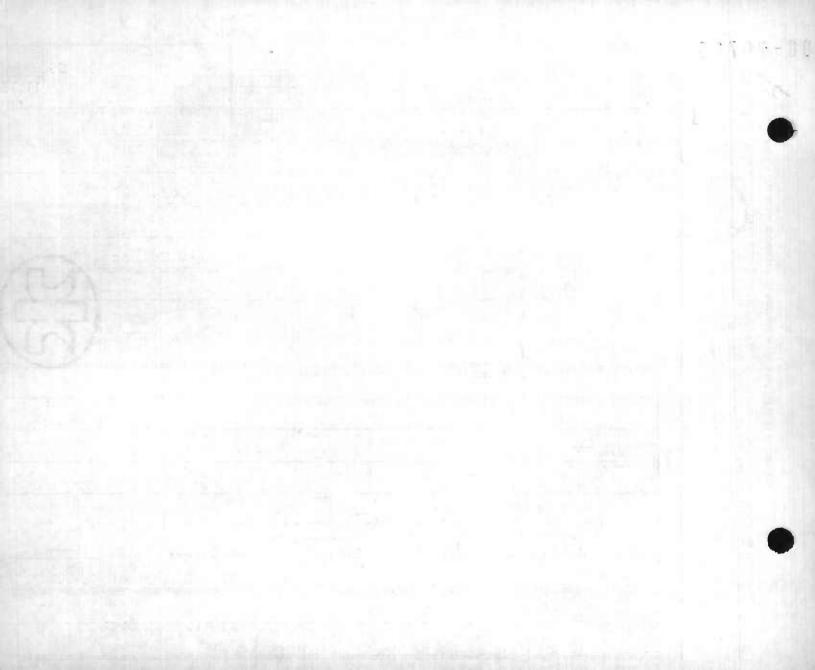
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Henry Matthew 19 86 Barnes 10 - 64 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE Jan. 3, 1939 PRONOUNCED Black Male 10 86 10-6DEAD 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED Wash. D.C. U.S.A. St. Mary's County, WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS Oakville Rt. 247 Construction worker SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Gen. Del. St. Mary's MD, 2120 St. Inigoes 20684 NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Tzear Barnes Birdine Louise Ball 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO Yes No, OR UNKI Air Force 217-36-8893 Dorothy Cecelia Barnes Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X BE MENT TO BU 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 10:50 M 10-5 19 86 pedestrian struck by auto 21e PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARMAND, 21201 PE STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Rt. 247, Oakville, St. Mary's Co., Maryland road 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Acceptent XX death resulted from: Notural couses Homicide Undetermined monner de HITLE ISPECIFY ACTUAL Assistant 10-8-86 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 10/11/86 07/84 BP Cremation Cedar hill Crematory Suitland P.G. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** help to make the first of (VR A15 ME (5)) W. Clarke Mattingley Leonardtown, Md.



	1.	FOR			DEPART		EALTH AND	ANU MENTAL HYG	JENE 3	6	2	9 3	21
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5 g 5 g 3	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF	EMETERY OR	CREMATORY	23d. LOC	ATION		COUNTY	STATE
BP		Burial		10/21	/86 B	alto.	Nat'l.	Cem.	Ba1	imore			Md.
DUMAN 14 4044 7 (2)	24 F	UNERAL DIRECTOR			- 5 7 7			250 DA	PREC DBY	F9988 25	b. REGISTRA	AR'S SIGNAT	URE :
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH LAST DECEASED NAME 2b. HOUR Lillie October 17, 1986 CECELIA deWAARD AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 3 SEX Apr. 7, 1893 93 Female White BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED [St. Mary's 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION IN CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Hospital Food market Cashier Leonardtown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE BOX 77 13d. INSIDE CITY LIMITS? 10618 Maryland St.Mary's Bushwood NOF 15. MOTHER'S MAIDEN NAME A FATHER'S NAME Cheseldine Mary Virginia John K. Long 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-38-4360D Mary Lillian Bailey Bushwood, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).
PART I. DEATH WAS CAUSED BY ardiores IMMEDIATE CAUSE (0) A CONSEQUENCE OF 210k Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00, HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH niol DIVISION OF P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22s. DATE SIGNED 226. SIGNATURE DEGREF ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN [] DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS U. K. Shaha M.D. Leonardtown. Md £ 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23d LOCATION Burial Oakley St. Mary's Md. 10/20/86 All Saints Cemetery 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 W. Clarke Mattingley Leonardtown, Md. is something the factor of the same (VRA 15, 4)

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STATE OF MARYLAND

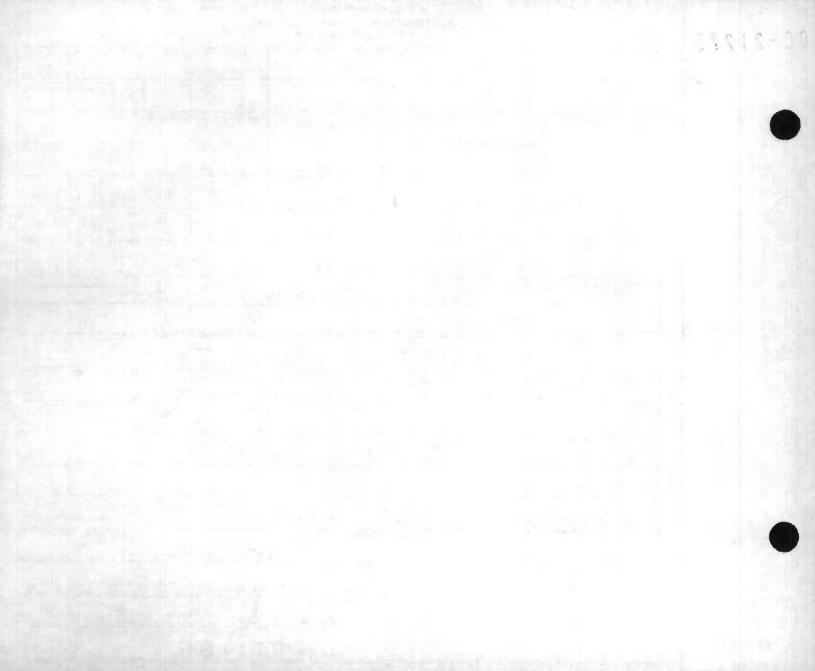
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	2	9 9	25
1 DECEASED NAME FIRST	MIDDLE	17	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
MARGARET	(MAGGIE) VIOL	A HER	BERT	OCTOBER 1	1. 1986	5	9:40A M
3 SEX	4 RACE	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	CAUCASIAN	APRI		93	YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE I STATE OR FOREIGH	76 CITIZEN OF WHAT COUNT	TDV2 8		9 BALTIMORE CITY		OF DEATH	
COUNTRY) MARYLAND	U.S.A.	WIDOWE	DINEVER MARRIED DIVORCED	ST. M.	ARVIC		MD.
10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	IRSING HOME O		120 USUAL OCCUPAT	ION		F BUSINESS OR
PATUXENT RIVER	NAVAL AIR STA	ATION HO	SPITAL	HOME MAK		(INDUSTRY	
USUAL RESIDENCE (IF NURS NO BOME OR ISO STATE COUN MARYLAND CHAR	VTY 13c. CITY OR	IOWN	13d INSIDE CITY LIMITS? YES NO X	RT.# 5, G		DELIVE	CRY 20637
	W. CANTER		15. MOTHER'S MAIDEN NA PATRICA			DUDLEY	
160 WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDI		110	
(14ES NO OR UNKNOWN) (14 YES, GIV	214-74	4-6691	ARCHIE W. HE	RBERT MÉ	D BOX CHANICS	SVILLE,	MD. 2065
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OR CONTINUED IN CAUSE OF USE [IF EITHER NOTIFY MEDICAL EXAMINES 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM ETC)	21f LOCATION STREET	CITY OR	OWN	COUNTY	STATE
22a 1 certify that (I) (this haspe	ital) attended the deceased fr		. 19	, to			that (I) (we) last
saw the deceased alive on above. (1) (we) (did) (did no	ot) view the body ofter death.	.19, or	nd that in (my) (our) apinion	death accurred on the	date and hou	r and from the	couses stated
22b. SIGNATURE	(Rap)		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	22c. DATE	SIGNED
22d. PHYSICIAN'S NAME (TYPE	Sent Sent		22e ADDRESS			Tel le	
ADILATH A. PA		22 214/17/27	SHANTI MEDIC	CAL CENTER,	LEONAL	RDTOWN,	MARYLAND
230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	10-14-86		EMETERY OR CREMATORY LDS EPISCOPAL	CITY OR TOWN	LLE, C	HARLES.	MARYLAND
24 FUNERAL DIRECTOR EDWARD N. BRINSF	ADDR	RESS	250 DA		R 256. REGIST		

DHMH - 16 60M 7/84 (VRA 15, 4)

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Item 18 shar



- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO I DECEASED NAME LAST 20. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) WILLIAM ELBERT INGLIS OCTOBER 1986 9:00p M 4 RACE 5. DATE OF BIRTH 3 SEX & AGE (IN YEARS LAST BIRTHDAY) DAY YEAR MALE CAUCASTAN 10. FEB. 1901 & BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY TEXAS U.S.A. ST. MARY'S WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MECHANICSVILLE RT #3 Plant operator OXYGEN CO. 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? RT. #3, BOX 10 MARYLAND ST. MARY'S MECHANICSVILLEYES NO X 20659 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST FIRST WILLIAM CAROLINA OSCAR INGLIS KREIGER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESSRT.#3, BOX 10 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (JE YES GIVE WAR OR DATES) MRS. EUGENIA P. INGLIS. MECHANICSVILLE, MD. NO 440-05-7828 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line to a late and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B DT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of O 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78e AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on abave, (I) (chat (did nat) view the bady after death and that in (my) (ppinion death occurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22e ADDRESS DAVID L. MOSSMAN, M.D. MECHANICSVILLE, MARYLAND 20659 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY

DHMH - 16 60M 7/84

d b

24 FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD. (VRA 15, 4)

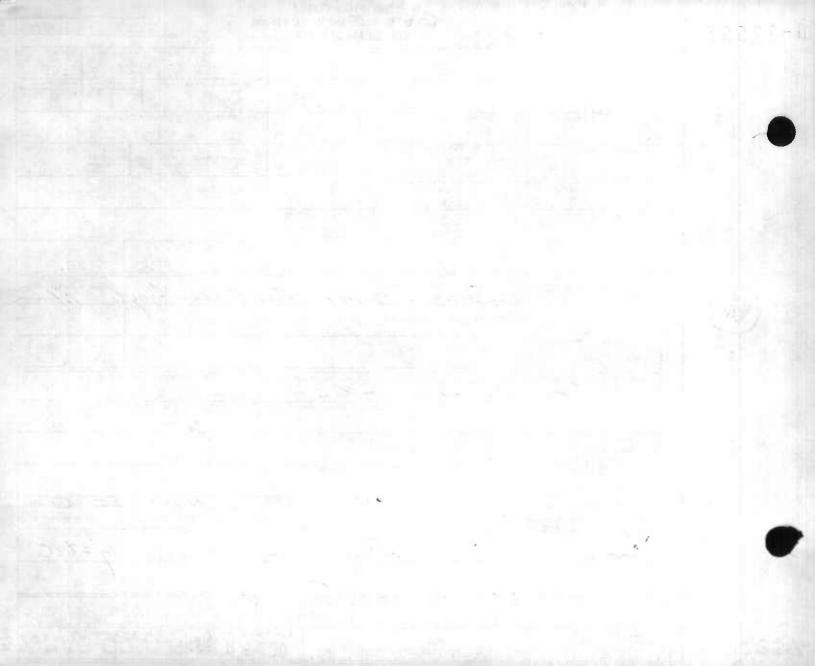
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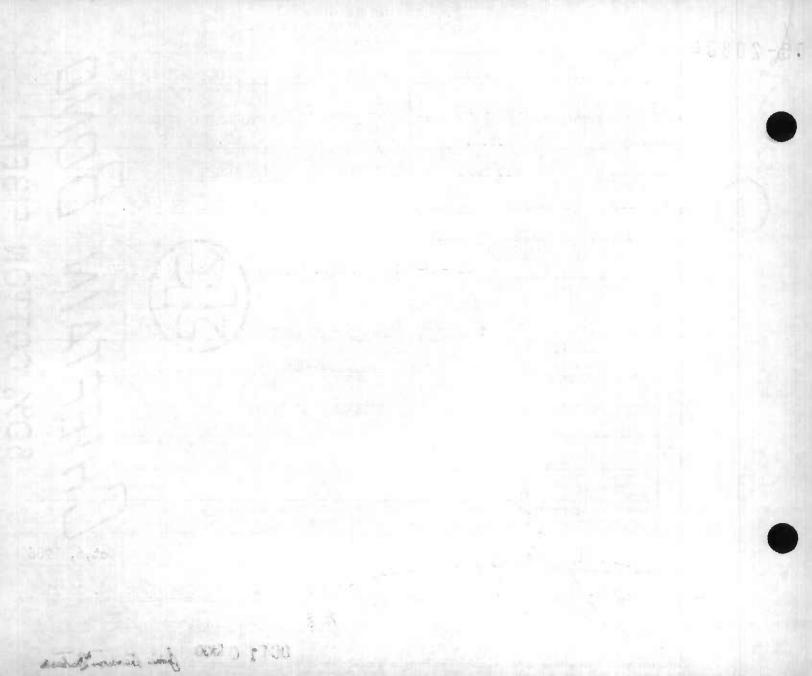
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250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

MECHANICSVILLE, ST. MARY'S, MD.

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e F#3 ≥7	23a E	URIAL, CREMATION,			1	30 NAME OF C	EMETERY OR CREMATO	ORY 23	LOCATION CITY OF TOWN		COUNTY	STATE
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DHMH-16 25M	24 FI	INERAL DIRECTOR			ADDRESS				D. BY REGISTR	AR 25h. REGISTE	RAR'S SIGNA	TURE
(VRA 15, 4) 1/79	W	. CLARKE	MAT	TINGLE		NARDTO	WN, MD.	OCT 2	8 1986	100		- 15 Feb. (A. S.
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		David C.	Allen		Box 601, Lea	mardtown Md:	20650
of of shoot of the	23a.	BURIAL, CREMATION, REMOVA		23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY) Burial	10-18-86		11 Cemetery	Alexandria.	Va.
	24 F	UNERAL DIRECTOR Everl				TE REC'D HYBEGISTRARIUM REC	ISTRAR'S SIGNANIRE.
DHMH - 16 50M 4/82 (VRA 15, 4)		1500 W. Braddo	" AT.	xandria, V	a. , QC	120 min	Durdonnikodario

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Washington National 10-24-1986 onal Suitland Pr. Ceo Maryl
250. DATE REC'D. BY REGISTRAR 2510 REGISTRAR S. SIGNATURE
OCT 24 1086 Donald V. Borgwardt Rt 264, Box 34B, Port Republic, Maryland 20676 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

Leonardtown, Md. 20650

23d LOCATION

22c DATE SIGNED

Carpentry

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

DHMH - 16 60M 7/84

MPORTA

278 PHYSICIAM STRAME (TYP OR PRINT)

James C

230 BURIAL CREMATION REMOVAL

(SPECIFY)

Boyd, M.D.

23b DATE

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	DHMH - 16 60M 7/6	24 F	UNERAL DIRECTOR		ADDRESS		25a D.	OPET DAY BEGIST	RAR 256 REGISTRA	R'S SIGNATURE	
	(VRA 15, 4)	W	. CLARKE MAT	TINGLEY.		RDTOWN	MD.	2013	00	وسد وبالكاوتين	Appropriate.

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ON OF	1	16a V	VAS DECEASED EVER	IN U.S. ARM	VAR OR DATES)	16b. SOCIAL	SECURITY NO.	17. INFORM	MANT		ADDRESS	14 Se	ell D	rive
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR . DECEASED NAME 20 DATE KNOWN XX MONTH TYPE OR PRINTI OF ESTI-LOUIS ELWOOD SHADE 19 86 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 55_{RS} Jan. 27, 1931 Male Black 76 CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland St. Mary's County DIVORCEDXIX WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Laborer State highway Adm. Dameron 235 & Bay Forest Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Gen. D 136 COUNTY Callaway 13d INSIDE CITY LIMITS? St.Mary's Del. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Thomas Shade 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. Pinoak Drive Linda Mae Morgan Waldorf 220-26-2501 No Md 20601 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARIJ DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 218. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING A OR Operator of vehicle in auto/auto collision. CONTRIBUTING CAUSE OF DEATH 9:5km 10-17 19 86 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTR DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 41201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK south of Dameron St. Mary's Street 22a. I certify that I took charge of the remains described above, held an death resulted from: Notural causes Hamicide Undetermined manner TITLE (SPECIFY) 10-18-86 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Great Mills St. Mary "S Md. Holy Face Cemetery Burial 10/22/86 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE and window fordalle W. Clarke Mattingley Leonardtown, Md. **DHMH - 17** (VR A15 ME (5))

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Suwanee Chapel

HMH - 10 00M 7/84 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR
EDWARD N. BRINSFIELD ,JR., LEONARDTOWN, MD.

10/4/86

GEORGIA MANOR, WARE, ULCONO.

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3 Old Alexander Ferry Rd. Clinton, Md 20735

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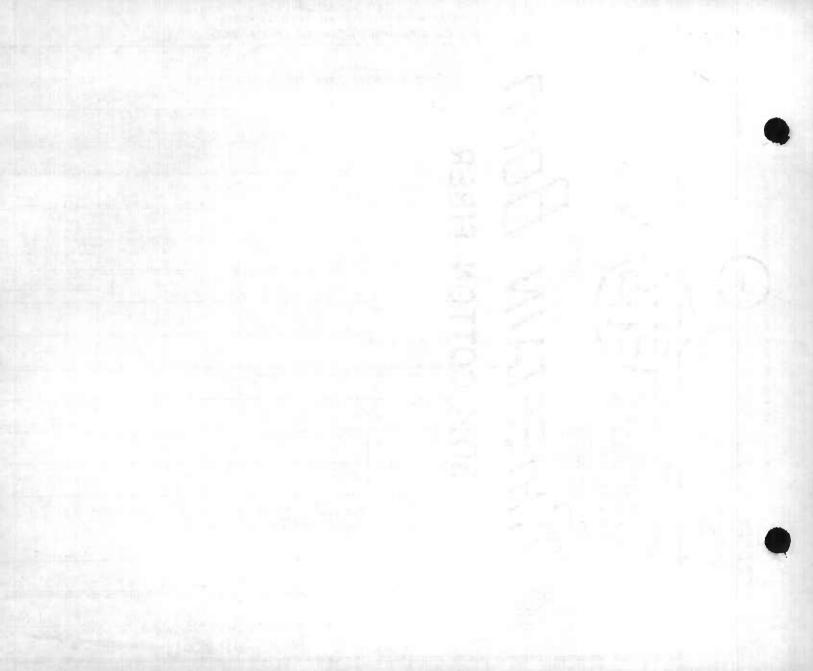
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4			MONTH DA		LAST BIRTHDAY		AYS HOURS		RONOUNCE	D 10		10 1100
	ALE	WHITE	NOV.9	,1930	55 YRS				DEAD)-4-86 19	PPM,
	BIRTHPLACE (S	TATE OR	76 CITIZEN OF	WHAT COUN	ALLEA,	MARRIED [NEVER MAR	RRIED 7	BALTIMOR	E CITY OR CO	OUNTY OF DEAT	H -
Ne	ew Jers	sev	usa		-	WIDOWED [DIVOR	RCED 🛂	St. Ma	ary's C	County	AAI
10	CITY OR TOWN	OF DEATH	11. NAME OF H	OSPITAL, NU	RSING HOME,	OR OTHER IN	STITUTION	12a USUA	AL OCCUPAT	ION (TYPE OF W	VORK 126 KIND OF	BUSINESS
Mo	echanics	rzi 110		BOX 30					OST OF WORKING		OR INDI	
USI	JAL RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION)		SAL	LS MA	ANAGEF	R PAPEI	R PROD
11/4/17/20	STATE	13b. COUN			ORTOWN		NSIDE CITY LIMITS?	_	ET ADDRESS			
MI		ST.	MARY'S	MEC	HANICS			47 1/1 4	3, BO	0X 305	5-1H (20)659)
4	FATHER'S NAM FIRST		WIDDLE		LAST	15 M	OTHER'S MAI	DEN NAME	MIDDL	LE	LAST	
	SEVERN	MURR		FINGL	Ε	N	ANIN	Г	IRICE		BELL	
160	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	10. 17. IN	FORMANT			APP0225		INGTON
1	ES MAR		WAN ON DATES!	158.	-22-89	76 57	ARAH E	VERDI			INGTON.	PKY
		F DEATH (Enter on	ly one cause per l			70 102	AIVAII L	VENDI	NG	KENSI		MATE INTERVAL
	PARTID	ATH WAS CAUSED	D BY:					-			BETWEEN	INSET AND DEATH
1	1	IMMEDIA	TE CAUSE (a)	SUDFULLE	SEQUENCE OF	ecting	aneury	sm of	aorta			
	Conditio	ns, if any, which	00210,	OK AS A COL	NSEGUEINCE OF							
-	gave ri	se to immediate	(b)									
11	lying cou	stating the <u>under</u> use last.	DUE TO,	DR AS A CON	SEQUENCE OF							
	1000		(c)								000	
		GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELA	ATED TO THE TERMINA	L DISEASE OR CDI	NDITION GIVEN IN	PART 1 (a)				
N N												
7 3	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPERAT	ION WAS PE	RFORMED?				20 AUTOF	SY?
MEDICAL CERTIFICA			25									
1 2	210. EXTERNA	AL CAUSE WAS	21b. TIME	OF INJURY		71c HOW IN	JURY OCCUR	PED LENTER NA	TURE OF INJURY	IN ITEM 30 DADY 1	YES 2	NO []
MEDICAL CERTIFICATION	UNDERLYING	OR	HOUR A	.M. MONTH	DAY YEAR		J. T. OCCOM	120 120 140		THE POT ART I	On raki 2)	
Š	21d INJURY	NG CAUSE OF E		E OF INJURY	19	21f LOCATIO	N.I.					
MEL	WHILE		STREET F	ACTORY, FARM, E		STREET	NIN .	-111	CITY OR TOWN		COUNTY	STATE
	AT WORK	AT WORK							77.13			
	22a I certi	fy that I taak charg	e of the remains	described obo	ve. held on	Autopsy 🖸	Inspect	ion	Inquiry [] and a	my opinion	
	death result		altouses D	Accident	Suicie						ny opinion	
	Geam result	Δ -	7	Accident	, Suicio		Homicide	Undeter	mined manne	er [_],		
	ACTUAL	MA	1	~		-	TLE (SPECIFY)			D	ATE 10 F	
	SIGNATURE,	1110	1	/		M.Der	outy Ch	nefmedic	AL EXAMINE	ER S	IGNED 10-5	-86
4	EXAMINER'S	MAMEN	Ann M.	Divon	MD		1.1	1 Donn	Ctro	-t-		
-	(TYPE OR PRI					ADDRE	535	1 Penn		21		
230.	BURIAL, CREMA	TION, REMOVAL 2	3b DATE	23€. ►	NAME OF CEME	TERY OR CREA	MATORY	23d. LOC CITY OR	ATION		COUNTY	STATE
	JRIAL		10/7/8	6 S'	T.PAUL	CHURC	CH CEM			WORCES		MD.
24	FUNERAL DIRECT	TOR	ADDR	SS			25a. DATE	E REC'D. BY R	EGISTRAR I	256 REGISTRA	R'S SIGNATURE	delille
W	CLAR	E MATTI			ARDTOW	N. MD.	1	1 08	1985	المادميس ال		4
											40-	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) WEISBRODT AUGUST MARTIN DEATH MATED 10-31 10 86 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS YEAR SEX DATE PRONOUNCED Aug 8, Male Cau 190 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED St. Marv's USA innesota DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE St. Warv s Hospital Leonardtown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS | 13e STREET ADDRESS BOx-495 Mechanicsvil Marv's 20659 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALCICL F Cornelia Bauer Heinrich Weisbrodt 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS -Same as #13-218-14-3730 Fred Benton CAUSE OF DEATH (Enter only one cause per line for in) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX YES 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK EXECUTE THE CERTIFICATE.

PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PT
AFTER DEATH, WITH THE ST
BATTIMORE, MARZYGNUD. Autopsy 220 I certify that I took charge of the remains described obave, held on and in my opinion death resulted from: Hamicide ... Notured contin Undetermined monner TITLE (SPECIFY) 11/3/86 ACTUAL Den. SIGNATURE Jefferson Street James C. Boyd, M.D. ADDRESS Leonardtown, Md 20650 230. BURIAL, CREMATION, REMOVAL MADATE 23c NAME OF CEMETERY OR CREMATORY Waldorf. Charles. Mdia 11/4/86 Trinity Mem Gardens 07/84 25M 24 FUNERAL DIRECTOR 0. Box : 156 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Waldorf, Md 2060 (VR A15 ME (5))

11 2 38 NE-1 the second secon private and the state of the st econs v services Elia X allientenant always in in-form S-SM BY S. SIA TOTAL ENGLY DETERMINES IN LINE DISTRICT DAVENAR DESCRIPTION OF THE STATE OF THE STAT tel - 4/4/r Trintor one one of the the tel Apart length to the later to the control of the con

STATE OF MARYLAND

